

380

## STATE OF DEATH

that the relative healthfulness of aged 10 years or over. If the deceased was not gainfully employed may be home housework, write *housewife* if in domestic service for wages, how *hotel*, etc. For a person who

worker," "operative," etc. Find out "factory," "mill," etc. State the titles, as *civil engineer, mechanic*, when a more precise statement of the occupation, as *carpenter, painter, mason*, etc. A person who sells goods should

complication which causes death, name the disease or injury causing principal cause and any important conditions. Other important diseases or injuries

Example II  
of death and related causes as follows:

Date of onset	Causes of importance:
1 week ago	
1 week ago	
3 days ago	
1 year	

PHYSICIAN

## STANDARD CERTIFICATE OF DEATH ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## 1. PLACE OF DEATH

County Pima

State

State File No. 317Registered No. 474

Township

or Village

City Tucson

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James T. Clay(a) Residence: No. 1507 E. 10th. St. St. Ward.

(Usual place of abode)

(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 6, 19087. AGE Years Months Days It LESS than 1 day, ... hrs. or ... min.  
22 6 268. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Copper Mines

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Duncan, Arizona. (State or country)13. NAME John Clay14. BIRTHPLACE (city or town) Unknown (State or country)15. MAIDEN NAME Ida Mcalister

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Ray Clay (Address) 1507 E. 10th. St.18. BURIAL, CREMATION, OR REMOVAL Place Evergreen Cemetery Date May 8, 193119. UNDERTAKER Arizona Mortuary (Address) Tucson, Arizona20. Filed May 11, 1931 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 6, 1931

22. I HEREBY CERTIFY, That I attended deceased from

19... to 19...

I last saw him alive on 19...; death is said

to have occurred on the date stated above, at...

The principal cause of death and related causes of importance were as follows:

Date of Onset

Drowned

Other contributory causes of importance:

Name of operation... Date of...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide Date of injury May 1931Where did injury occur? Public place

(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Public placeManner of injury Accidental drowning

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) John H. H. H. M.D.(Address) Tucson, Arizona